

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 449.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10960</u>	2. Fiscal Year Covered From: <u>1/01/2004</u> Through: <u>12/31/04</u>
3. Name and address of person filing: Name: <u>Richard L. Seidel</u> P.O. Box, Bldg., Room No., if any: Street: <u>4128 W. Excell</u> City: <u>Spokane Wa.</u> State: <u>Wash.</u> ZIP Code +4: <u>99208</u>	4. Name, file number, and address of labor organization: Name: <u>Laborer's International Union of North America Local 238</u> Labor Organization File Number: <u>023973</u> P.O. Box, Building and Room Number, if any: Street: <u>1330 N. Calispel</u> City: <u>Spokane</u> State: <u>Wash.</u> ZIP Code +4: <u>99201-2316</u>
5. Position in labor organization: <u>Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any): Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code +4:	7.a. Nature of Interest, Transaction, or Income: 7.b. Amount:

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Richard L. Seidel on 8/15/05 509 328 6660
Date Telephone Number

Name of Person Filing *Richard L. Seidel* File Number U-

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Street
City
State ZIP Code + 4

10. If 8.b. or 8.c. is checked give trust or employer's name.
Name *Washington Capital Management*

11.a. Nature of such dealing.

*Money Manager - Washington
Idaho Laborers - Employers
Pension Trust*

Washington *OR 97006-498701-*
2632

11.b. Approximate dollar value of such dealing.

green fees
12.b. Amount. ~~400.00~~ *72.83*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

14.a. Source of payment.
Employer (other than an employer covered under parts A and B above) or consultant to an employer any payment of money or other thing of value.
Labor Relations Consultant